COPY OF PAPERS RIGINALLY FILED U.S. Under the Paperbrk Redúction Act of 1995, no persons are required to respond to a c	Patent and Trademark Office: II	PTO/SB/30 (10-01) prough 10/31/2002. OMB 0651-031 S. DEPARTMENT OF COMMERCE displays a valid OMB control number.
REQUEST	Application Number	09/441/231
FOR	Filing Date	Nov. 16, 1999
CONTINUED EXAMINATION (RCE)	First Named Inventor	RAYMOND BROEMMELS
TRANSMITTAL Address to:	Art Unit	2672
Commissioner for Patents	Examiner Name	D. CHUNG
Box RCE Washington, DC 20231	Attorney Docket Number	
This is a Request for Continued Examination (RCE) under 37 Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not 1995, or to any design application. See Instruction Sheet for RCEs (not to be sub	apply to any utility or plant a	application filed prior to June 8,
. Submission required under 37 CFR 1.114		RECEIV
a. Previously submitted	IS proviously filed as	JUN 1 1
i. Consider the amendment(s)/reply under 37 CFR 1.11 (Any unentered amendment(s) referred to above will be entered).	, , ,	
ii.	Brief previously filed or	Technology Cen
b. X Enclosed	-	
_	Information Disclosure	Statement (IDS)
ii	Other	

		iled oniecnnology Center
iii.		ļ
b. A Enclosed		
i. Amendment/Reply iii		osure Statement (IDS)
ii. Affidavit(s)/Declaration(s)	. Other	
Miscellaneous		
a. Suspension of action on the above-identified app	lication is requested unde	r 37 CFR 1.103(c) for a
period of months. (Period of suspension st	hall not exceed 3 months; Fee under	37 CFR 1.17(i) required)
b. U Other		
Received by 37 CFR 1.114	when the RCE is filed.	
a. The Director is hereby authorized to charge the f		y overpayments, to
Deposit Account No		
i. RCE fee required under 37 CFR 1.17(e)	06/G6/2002 ANDNDAF1 00000039 09441231	
II. Extension of time fee (37 CFR 1.136 and 1.17)	01 FC:273	370.00 DP
iii.		
- -		
b. A Check in the amount of \$ 3 70.00	enclosed	
b. A Check in the amount of \$ 3 70.00 c. Payment by credit card (Form PTO-2038 enclosed)	enclosed	
c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may bec	ome public. Credit card	
c. Payment by credit card (Form PTO-2038 enclosed)	ome public. Credit card	
c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may bec	ome public. Credit card information and author	ization on PTO-2038.
c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may bec be included on this form. Provide credit card	ome public. Credit card information and author	ization on PTO-2038.
c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may bec be included on this form. Provide credit card	ome public. Credit card information and author ATTORNEY, OR AGENT RI	ization on PTO-2038.
C. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may bec be included on this form. Provide credit card SIGNATURE OF APPLICANT; Name (Print Type) RAYMOND TO TOTAL SIGNATURE SIgnature	ome public. Credit card information and author ATTORNEY, OR AGENT RI	QUIRED (Attorney/Agent)
C. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may bec be included on this form. Provide credit card SIGNATURE OF APPLICANT; Name (Print (Type) RAYMBALD BY BOTHME Signature CERTIFICATE OF MAIL	ome public. Credit card information and author ATTORNEY, OR AGENT RI Registration No Date J J J J J J J J J J J J J	(Attorney/Agent)
C. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may bec be included on this form. Provide credit card SIGNATURE OF APPLICANT, Name (Print Type) Signature CERTIFICATE OF MAIL hereby certify that this correspondence is being deposited with the Unitervelope addressed to: Commissioner For Patents, Box RCE, Washington	ome public. Credit card information and author ATTORNEY, OR AGENT RILLS/EX Registration No Date 5	(Attorney/Agent) (Attorney/Agent) (Attorney/Agent) (Attorney/Agent) (Attorney/Agent)
C. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may bec be included on this form. Provide credit card SIGNATURE OF APPLICANT; Name (Print Type) Signature CERTIFICATE OF MAIL hereby certify that this correspondence is being deposited with the Unitervelope addressed to: Commissioner For Patents, Box RCE, Washingtofffice on the date shown below.	information and author ATTORNEY, OR AGENT RI Registration No Date JING OR TRANSMISSION ited States Postal Service with son, DC 20231, or facsimile trans	(Attorney/Agent) (Attorney/Agent) (Attorney/Agent) (Attorney/Agent) (Attorney/Agent)

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

1